

BEST AVAILABLE COPY

# CLAIMS

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2			/			
3			/			
4			2			
5			2			
6		/				
7			/			
8			2			
9			2			
10			2			
11		/				
12			/			
13			2			
14			2			
15			2			
16			2			
17			2			
18			2			
19			1			
20			1			
21			1			
22			1			
23			4			
24			4			
25			1			
26			1			
27			1			
28			4			
29			4			
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			45			
TOTAL CLAIMS			49			

#	*	#	*	*
IND.	DEP.	IND.	DEP.	IND.
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100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS